

**Arizona Immunization Program Office, Vaccine Center**  
**Phone: (602) 364-3642 Fax: (602) 364-3276 or (602) 364-3232**  
 (Fax completed form to Vaccine Center)

## Wasted/Expired Flu Vaccine Return Form for 2011-2012 Season

Provider Name: _____ PIN: _____ Contact: _____ Address: _____ Phone: _____ Fax: _____			Return Codes: 3 - Spoiled (e.g., out of range temperatures) 4 - Expired 5 - Lost or damaged in transit 6 - Failure to store properly upon receipt 7 - Refrigerator failure (e.g. power outage) 11 - Lost or unaccounted			
---	--	--	---	--	--	--

  

Vaccine Name	Return Code	Lot#	Expiration Date	# of Doses	Cost per Dose*	Total \$
Sanofi - Fluzone 0.25mL syringes					\$11.68	
Sanofi - Fluzone 0.5 mL single dose vials					\$10.97	
Sanofi - Fluzone 0.5mL syringes					\$10.97	
GSK - Fluarix 0.5mL syringes					\$8.90	
Sanofi - Fluzone - 5.0mL Multi-dose vials				-	\$9.30	
MedImmune- FluMist - Intra-nasal sprayers					\$15.70	
*Cost per dose according to the federal contract dated 3/7/2011			TOTAL LOSS	#		\$

I have reviewed this completed form:

Signature of Person completing form & date

Signature of Enrolled Provider or VFC contact if provider not located on site & date

Approved for Return to McKesson

Place stamp here: